

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90143 006 ***150.00

DOCUMENT # P01000026893

1. Entity Name

HOWARD D. HAMILTON, P.A.



Principal Place of Business

564 EMPIRE AVENUE S
LEHIGH ACRES FL 33936

Mailing Address

564 EMPIRE AVENUE S
LEHIGH ACRES FL 33936

2. Principal Place of Business

19976 LAKE VISTA CIR

3. Mailing Address

19976 LAKE VISTA CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LEHIGH ACRES, FL

City & State

LEHIGH ACRES, FL

Zip

Country

33936 USA

Zip

Country

33936 USA

6. Name and Address of Current Registered Agent

HAMILTON, HOWARD D
564 EMPIRE AVENUE S
LEHIGH ACRES FL 33936

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Howard D. Hamilton*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/02

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D
NAME: HAMILTON, HOWARD D
STREET ADDRESS: 564 EMPIRE AVENUE S
CITY-ST-ZIP: LEHIGH ACRES FL 33936

TITLE: ☐ Delete
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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CITY-ST-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Howard D. Hamilton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)